



Sex Without Solvents (and Other Toxins)

Professional & Personal
Perspectives on
Clinical Ecosesology



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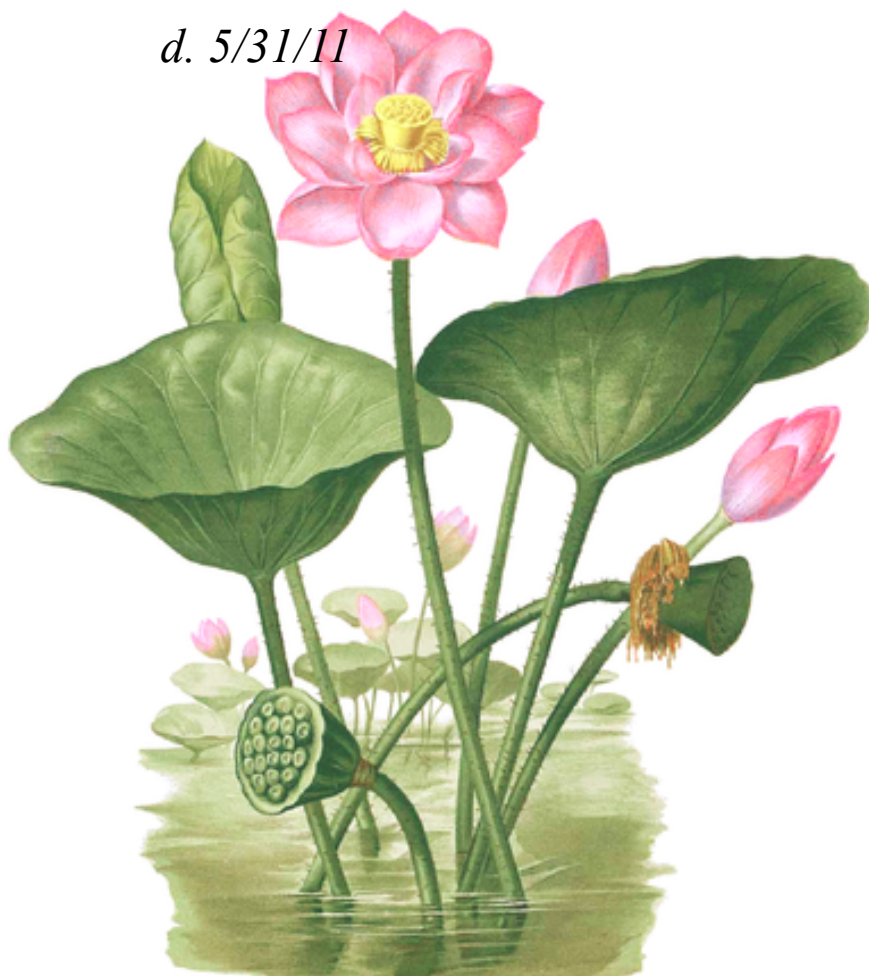


Dedicated to

Barb Wilkie,
Past President of the
Environmental Health Network of California

Barb was a brave and determined warrior
for environmental health & justice.
We miss her already.

d. 5/31/11



Sex Without Solvents

(and Other Toxins)

Professional & Personal Perspectives on Clinical Ecosesology

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All photos, except for the lotus and respirator, © Amy Marsh.

Lotus, respirator, and biohazard symbol: Wikimedia Commons.

Introduction

I named this booklet “Sex Without Solvents (and Other Toxins)” because I would love to have this kind of sex myself.

Of course, I am not referring to the universal solvent: water. For many people, water is a deeply sensual and even a highly erotic substance. This makes sense to me. Our bodies are made of water. Human sex without water is not just unthinkable, it's impossible.

I am also not referring the use of ingested alcohol during sex. That's a topic someone else can cover.

“Sex Without Solvents” is about an aspect of sexual health that most people have not considered. It's about the adverse effects that petrochemical solvents and other toxic chemicals can have on our overall health, our sex lives, and our ability to reproduce. This is a booklet about *environmental* sexual health, written from a sexological viewpoint.

Dr. Doris Rapp, is an environmental physician and pediatric allergist. In her book, *Is This Your Child's World?*, she writes, “there is evidence to suggest that chemicals can affect the health and sexual functioning of offspring if either parent has been exposed to toxic chemicals.”

Let's be clear - Dr. Rapp is saying you can suffer damage to your future sexual health and functioning just based on substances your parents encountered before you were conceived. Now let's add all the toxic exposures you'll encounter in utero, after birth, throughout your childhood and adolescence, and as you near and reach sexual maturity. These exposures include (but are not limited to!) estrogenic chemicals from detergents, paints, herbicides, pesticides, cosmetics, hair dyes, spermicides, and the plastics used for food containers and packaging (Rapp, 500). Toxic chemicals have been linked to miscarriages, stillbirths, congenital birth defects, and lower sperm counts worldwide. Many women have a number of chemicals in their breast milk. (Rapp, 501-505). We *all* accumulate a wide assortment of toxins in our bloodstream and fatty tissues.

So it is reasonable to suggest that these accumulated toxins - particularly the endocrine disruptors - could also affect our levels of sexual desire, function, and behavior.

I'm a clinical sexologist. But I'm also a survivor of chemical poisoning. My father was a cropduster in the 1950s. He did this work while my mother was pregnant with me, so I must have started life in close contact with pesticides. In my mid-thirties, I spent three years working as a decorative painter and was exposed to oil-based paints, lacquers, and solvents in the workplace. The accumulation of daily solvent exposures was too much for me. I fell into the “multiple chemical sensitivity well” and have been there ever since. Sometimes I recover enough to look over the rim and hang out there for awhile, but I haven't been able to climb out completely. I'll always be vulnerable - more vulnerable than those who haven't yet fallen. This booklet is for those who haven't yet, as well as those who have. In other words, for everyone.



What is Clinical Ecosexology?

“Ecosexology is to sexology as ecopsychology is to psychology. Ecosexology merges environmental consciousness with an expanded inquiry into human sexual behavior.

*But unlike ecopsychology, ecosexology is newly born.
Though we can sense the vast terrain of ecosexology,
it remains largely uncharted and mostly unexplored.”*

(See “Fundamentals of Ecosexology Part One”)

Sexology is a multi-faceted, interdisciplinary exploration of human sexual behavior in all its myriad forms. It makes forays into anthropology, sociology, law, public policy, public health, human rights, medicine, psychology, biology, anatomy and physiology, the arts and literature, social work, archeology, comparative zoology, history, economics... even botany and geology can be explored through the lens of sexology.

Clinical sexology draws from all of the above to form the nonjudgmental, sex-positive, understanding of a clinical practitioner. According to a brochure written by Howard J. Ruppel, PhD, DACS, ACS, former academic dean of the Institute for Advanced Study of Human Sexuality, “the clinical sexologist seeks to assist individuals and couples to address issues or problems with regard to their sexual behavior and how they feel about it.” Dr. Ruppel also writes, “clinical sexology is an education-based approach to facilitating personal growth and improved management skills.” Some clinical sexologists may also have training in other medical or mental health professions, but the sexological approach is distinct from medical or psychological models of human sexuality.

Ecosexology includes a study of our intimate relationships with other living beings and the ecosystem of our planet. It acknowledges “sex ecology” and “ecosexuality” as part of the story of human sexual behavior. It pays attention to cultural traditions and beliefs, such as certain sacred sexuality practices, which may foster this expanded intimacy and connection. It looks at how our sexual behaviors may impact ecosystems.

Clinical ecosexology is a variation of clinical sexology. It draws from all of the above. It can trace some of its origins to the clinical ecology movement (now often called environmental medicine), to ecopsychology, and to grassroots movements for environmental health and justice. Clinical ecosexology is a practical application of ecosexology to clinical practice - an adaptation which also absorbs principles and concerns of environmental health. One important contribution is that clinical ecosexology acknowledges the potential adverse effect of toxic chemical exposures - such as solvents! - on people's sex lives, sexual health, function, and behavior, and thus provides an important missing link in efforts to create or recapture sexual healing and wholeness.





Overview of Environmental Illness

Toxic chemicals have become pervasive as a result of manufacturing and distribution of harmful products. Toxic chemicals poison people (and other forms of life). They can accumulate in our bodies and damage our health in countless ways - from changing our DNA to affecting the activities of daily living by making it harder for us to breathe, remember, sleep, eat and digest, work, play, experience pleasure and love, and even reproduce.

In addition to causing outdoor air pollution, an astounding number of toxic chemicals are combined in common consumer products to pollute our indoor air. They may also be ingested through skin contact or by mouth. These products often contain combinations of neurotoxins, respiratory irritants, endocrine disruptors, suspected or actual carcinogens, mutagens (affect DNA), teratogens (cause birth defects), and so on. These products have been released into the marketplace by irresponsible manufacturers without adequate testing of their impact on human health. We presume safety, but safety is most assuredly not on our shelves. As a result, we suffer from a variety of acute and chronic health problems that may have been preventable.

According to *Healthy Living in a Toxic World* (Fincher 20-21), “common symptoms of a chemical injury” may include fatigue, weakness, memory loss, personality changes (including irritability, depression, social withdrawal), headaches, sleep disturbances, muscle incoordination, visual disturbances, aches and pains, sexual dysfunction, and recognition of loss. Fincher says that most doctors are not “trained to recognize the role toxic chemicals play in illness.” This is not good news for anyone trying to understand the reason behind a mysterious decline in health.

Six groups of toxic chemicals are most problematic for our health (Fincher 13-16):

- pesticides (including insecticides, herbicides, and fungicides);
- petrochemicals (paints, solvents, fragrances, food additives, cleaning products, etc.);
- solvents (benzene, toluene, xylene etc. found in paint thinners, new carpeting, glues, etc.);
- formaldehyde based chemicals (disinfectants, preservatives, embalming fluid);
- heavy metals (lead and mercury);
- food additives (MSG, artificial colors, flavors, sweeteners).

Many of these chemicals are neurotoxic. They affect the brain and nervous system. Exposure to such neurotoxins may be linked to degenerative diseases such as Alzheimer's, Parkinson's, ALS, and other similar conditions (Fincher 39). Many are respiratory irritants, meaning they can cause or trigger asthma. Endocrine disruptors cause widespread damage. Any part of the body can be affected by toxins.

A comprehensive discussion of toxic chemicals and their impact on human health is outside the scope of this booklet. However, Fincher's book is one of several excellent guides which can introduce this topic to the clinical sexologist as well as to clients and the general public. Please see the Resources and Books page for more sources of information.



A Few Chemical Links to Sexual Dysfunction & Sexual and Reproductive Health

"The final resting place for many industrial pollutants is the human body. The U.S. Environmental Protection Agency has determined that most Americans have low levels of over one hundred foreign compounds in their fat tissues, including a number of known carcinogens" (Beckmann et al).

The above quote was written in 1989. Estimates vary, but it is thought that we currently share our planet and our bodies with 70,000-80,000 toxic chemicals - most created in the last 100 years. Over the years, many researchers and activists have expressed concerns about the chemical contamination of our air, water, soil, food, and bodies. In many cases, they have documented the health consequences of exposure to certain chemicals or chemical products.

One does not have to look very hard to find quotes such as this: "Toxic chemicals found in common household products can affect every system in the body. When the immune system is affected, it shows up as illnesses such as multiple chemical sensitivities and cancer. When the endocrine system is affected, the results include thyroid dysfunction, reproductive problems (including infertility, low sex drive, impotence, and cancer of the reproductive organs), prostate enlargement, bladder incontinence, high blood pressure, inability to lose weight, gallbladder problems, hair loss, fatigue, insomnia, depression, and constipation..." (From Debra Lynn Dadd's website).

For most of us, this is scary and overwhelming. It is much easier to not think about the consequences of chemical exposure. But as clinicians, we owe it to our clients to become informed about chemical contamination and injuries, even if we personally find this information disturbing. The bad news is - the situation is dire. The good news is - many toxic chemical exposures result from products we purchase and bring into our homes. Safer consumer choices can make a difference to our health and give some hope of resilience to the exposures which happen without our consent. We can present these consumer strategies to our clients and urge them to seek medical care, if necessary.

While the following examples of sexual dysfunction or disorders have various causes, chemical exposure may be linked - in some cases - to the following (this is not a complete list, by any means!):

Dyspareunia - "Painful Intercourse"

Chemical products, including those which contain fragrance chemicals, should be avoided so as not to add to genital pain and irritation.

Early Onset of Puberty

Linked to endocrine disruptors. Alkyl-phenol ethoxylates used in shampoo may affect the development of pre-pubescent boys (Vance 11).

Endometriosis

Linked to endocrine imitators and disruptors, such as organophosphates pesticides and PCBs (Fincher 30).

Erectile Dysfunction

Linked to neurotoxins (Fincher 29) and endocrine disruptors.

Lichen Sclerosis - Painful Skin Disorder

"Some doctors think a too active immune system and hormone problems may play a role" (2). It is possible that chemicals which are endocrine disruptors may cause or exacerbate this condition. Genital sex may be too painful - counsel the client on other options for sexual pleasure.

Low or No Desire for Sex

Low or no desire for sex may be the result of (chronic) fatigue, and/or irritability (Fincher 29). Endocrine disruptors also linked.

Miscarriages & Birth Defects

Birth defects: teratogens are substances that can affect a developing fetus and mutagens affect the DNA. Sodium laurel sulfate (SLS) is a mutagen commonly used in shampoos (Vance 11). Exposure to some toxic chemicals have been linked to miscarriages (Fincher 89).

Premenstrual Syndrome

Treating food and chemical allergies can help alleviate some PMS symptoms (Krohn 35).

Sterility & Infertility

"Women of reproductive age (20-40 years) were found to have significantly higher levels of monobutyl phthalate, a reproductive and developmental toxicant in rodents, than other age/gender groups...The investigators also speculated that the higher levels in women of reproductive age were due to the use of cosmetics such as perfume, nail polishes, and hair sprays. The extensive use of these products among women is probably leading to the inhalation and absorption of this chemical through the lungs, the investigators said." From Dr. Mercola's website (3).

Sperm density and health can be affected by toxins (Fincher 29).

Notes:

(1) Debra Lynn Dadd (<http://www.dld123.com/about/about.php?id=A23>)

(2) NIAM (http://www.niams.nih.gov/Health_Info/Lichen_Sclerosus/default.asp#d)

(3) Dr. Mercola (<http://articles.mercola.com/sites/articles/archive/2000/12/31/cosmetics.aspx>)



Sociosexual Considerations

People who experience pronounced, adverse reactions to chemicals endure many obstacles in their quest for a normal social and sexual life. Clinical ecosexologists can assist clients with strategies for managing these situations. Here are just a few examples.

Social Difficulties

Aside from the difficulties that result from sexual dysfunction, adverse reactions to toxic chemicals also create or add to social isolation, as people, places, and objects frequently exude airborne toxins. Established relationships may not last. Friends and relatives fall away, bored or confused by the needs of the person with environmental illness.

Dating becomes problematic. An evening out may involve toxic encounters with fragrant personal care products; fragrance emission devices in public restrooms; a blast of auto exhaust in a parking lot; or scented money handed back as change.

Sex Difficulties

A sexual encounter can be ruined by a lover's deodorant or shampoo, the detergent used to launder clothing or bedding, or even minute traces of toxins carried in body fluids such as saliva. Latex sensitivity limits the choice of condom use. Sex toys made of latex or other materials may also be problematic. Scented and flavored lubes, lotions, and condoms need to be avoided. Fortunately "green" alternatives exist.

"Sexual Alternatives" and "Lifestyles"

A person who is kinky, but chemically sensitive, often has no hope of accessing public playspaces as alcohol and other harsh chemicals are used to disinfect furniture and equipment. Or they may react to latex, vinyl, or chemicals used to treat and process leather. Fortunately, scene negotiations can include requests to accommodate chemical sensitivity.

A chemically sensitive person who is polyamorous or involved in swinging may have trouble getting help and accommodation from some or all partners - compounding social difficulty and emotional turmoil.



Brief Introduction to a Clinical Model

The practice of clinical ecosexology accepts the premise that a person might experience some form of sexual dysfunction as a result of exposure to a neurotoxin or endocrine-disrupting chemical or combination of chemicals, or that a sexual dysfunction might be exacerbated by such exposure.

Some people are profoundly affected by toxic chemicals, even at very low levels of exposure, and experience a multitude of acute reactions and chronic symptoms and disorders. These people may have been given a label or diagnosis of multiple chemical sensitivity (MCS) and/or environmental illness (EI). Though representatives of the chemical industries fought recognition of this condition for years, EI/MCS has finally been acknowledged as a category of disability and in some cases, people are able to ask for and receive accommodation for some of the functional problems created by this disabling condition.

Other people may experience symptoms that affect their health upon exposure to certain chemicals or products, but may not be “sensitized” to a wide range of chemicals or notice many different kinds of symptoms. However, “the endocrine, immune and nervous systems are so closely interrelated, a stress on one system eventually overflows to place stress on another system” (Krohn, 34). It is possible that some people may eventually experience a greater degree of reaction to various chemical products. Our ability to handle toxic exposures decreases as we age and unfortunately, as our world increases in toxicity. We may be less able to resist cumulative exposure over the course of our lives.

OUR ROLE

As clinical ecosexologists, we continue to work within the parameters of the PLISSIT model and other ethical guidelines that pertain to clinical sexologists, sex educators, sex counselors, and sex therapists. Within this framework, we can incorporate questions about potential toxic exposure into our assessment protocols and make referrals as appropriate. For example, as clinical sexologists, we usually take some form of sex history and an account of the client’s difficulties. If a client presents with erectile dysfunction we recommend a medical evaluation before we begin offering strategies for overcoming or managing ED. Similarly, if our assessments seem to indicate that a client may have experienced some form of toxic injury, it is not our role to deliver a diagnosis of EI/MCS. A referral to a doctor, preferably a specialist in environmental medicine, is crucial.

At the same time, we can suggest simple, common sense, lifestyle changes that *may* bring some symptom relief - such as discarding hazardous cleaning products, dealing with a household mold problem, or discontinuing the use of perfumed shampoos and beauty products - without fearing that we might interfere with a medical diagnosis or treatment plan. Such advice is routinely given by many sources and has its origins in the precautionary principle, below.

FUNDAMENTAL CONCEPTS FOR THE CLINICAL ECOSEXOLOGIST

TILT and the Precautionary Principle are important concepts to incorporate into our clinical approach.

TILT - Toxicant-induced Loss of Tolerance

TILT is a model for understanding environmental illnesses, and is described as a two-stage disease process. TILT is also a fundamental concept that should be part of every thinking person’s health strategies. Millions of people have been negatively affected by unexpected exposures to toxic chemicals. Whether you picture your own body’s toxic overload as “half full” or “half empty,” TILT tells you to be mindful of the cumulative, cascading effect of exposures, now and in the future.

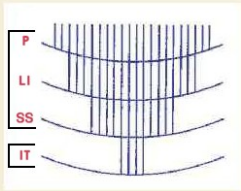
Here is a partial description of TILT from the website of Dr. Claudia Miller, an environmental physician:

(1) Initiation.

An initial chemical exposure, either chronic low-level, such as a sick building, or an acute exposure such as to pesticides, causes a fundamental breakdown in natural tolerance, leading to newly-acquired intolerances.

(2) Triggering.

Subsequently, previously tolerated substances including everyday chemical exposures, foods, medications, alcoholic beverages, and caffeine trigger multi-system symptoms.

The PLISSIT Model of Sex Therapy (developed by Jack Annon)	Exploration	Insight	Action
 P = Permission LI = Limited Information SS = Specific Suggestions IT = Intensive Therapy	Presenting sexual difficulties combined with symptoms of potential exposure	Use PLISSIT model to address presenting concerns	Create sexological strategy that also incorporates environmental health
	Environmental Health Questionnaire & MSDS	Use Precautionary Principle to address environmental health	Switch to least harmful products at home, work, etc.
	QEESI® (Claudia Miller, MD)	Assess degree to which client experiences TILT	Referral to MD and/or environmental medicine specialist

Precautionary Principle

Precaution says, “first do no harm.” With regard to human sexual behavior and function, the precautionary principle could encourage everyone to switch to less toxic personal care and consumer items in order to improve overall health, which might then have a favorable impact on specific sexual concerns.

PLISSIT MODEL & HELPING SKILLS

The above model, which incorporates PLISSIT and a basic framework of helping skills (Hill), can serve as a guide for incorporating an awareness of environmental health and toxic exposure into your client work.

OTHER CLINICAL CONCERNS FOR WORKING WITH EI/MCS CLIENTS

Most people injured by toxins have more than their sex life disrupted. Many lose jobs, income, family, friends, social life, social standing, recreational activities and hobbies, access to public transportation and health care, creative outlets, etc. Your client may be isolated, lonely, frustrated by lack of accommodation and access to opportunities, goods, and services, as well as angry, depressed and/or suicidal as a result of the impact of chemical injury.

A chemically injured client copes with fatigue, and is also weary of constantly educating others (including care givers) about environmental illness and chemical toxins. As professionals, we need to be as informed and knowledgeable as possible to save our clients the trouble of educating us. We also need to create a clinical setting which will not trigger or worsen the person’s physical condition. It is also helpful to become familiar with general disability rights issues, including EI/MCS.

ACCESS

Your clients will be the best source of information on what they need to be safe. Ask them what you can do to help. Never make assumptions based on past experience - everyone reacts differently.

You will need to scrutinize the building or office where you practice and possibly make changes to the physical space. You can remove all “air fresheners” and fragrance emission devices from restrooms and public areas; advise *all* clients to attend sessions “fragrance free;” avoid the use of incense, scented candles, or aromatherapy oils; clean with fragrance free and non-toxic products; use “no VOC” paints; and so on. Do not use insecticides or pesticides. Refrain from installing new synthetic carpeting or waxing floors. Warn clients *in advance* if building management plans such activities. Know that group work may be problematic or impossible for this client.

Conduct appointments via the telephone, Skype or email chat, or make “house calls” if requested. You may need to prepare an extra set of clothing which has been washed in baking soda and wrapped in plastic (to protect the clothing from toxins) in order to pay such a call. *You also need to pay close attention to your own use of personal care products, dry-cleaning, etc. Do not assume that “unscented” means “fragrance free.”*

REINFORCE “SURVIVAL SKILLS”

Help your clients to (1) identify substances which may be harmful to them; (2) support them in assertiveness and self-advocacy; (3) help them to reduce stress; (4) support them in asking for assistance when they need it; (5) support them in promoting “good all-round health,” (5) support them in finding ways to enjoy life (such as having good sex!) and keep perspective about environmental illness (Molloy & Summer 8).



Assessing Potential Effects of Toxic Chemical Exposure on Sexual Health & Function

You can use the following tools to help assess the potential impact of toxic chemical exposure on a client's sexual health:

The sample Environmental Health Questionnaire: The form on the next four pages attempts to discover the kinds of exposures that may affect a client's health. You may copy this form to use or add questions as needed. A copy may also be given to the client to use as a tool for communicating with medical and/or mental health professionals.

Material Safety Data Sheets (MSDS): Material Safety Data Sheets (MSDS) should be consulted for any identified substances. These are conservative, industry-generated documents which communicate safety tips and hazards of the chemical or product. If a client works with paints, solvents, nail polish removers, fragrances, or other industrial chemicals or hazardous wastes, a MSDS for each chemical or product should be available at the workplace. If a product is being used in home or office renovation, it is also important to check the MSDS. Use "no VOC" (no volatile organic compound) paints and products and other least toxic products whenever possible.

There are numerous websites which will allow you to access these documents for free. Here are two below.

<http://siri.org/msds/>

<http://www.msds.com/>

These are good websites for information on toxins and environmental health.

Agency for Toxic Substances and Disease Registry (a branch of Centers for Disease Control):

www.atsdr.cdc.gov

The Centers for Disease Control: <http://www.cdc.gov>

QEESI®: "The Quick Environmental Exposure and Sensitivity Inventory (QEESI) is the most widely used screening instrument for multiple chemical intolerance. Coupled with a comprehensive exposure history, it is useful in diagnosing TILT. Researchers and clinicians use the QEESI to document symptoms and intolerances in exposed individuals and groups in whom TILT is suspected. Individuals find the QEESI helpful for self-assessment and screening." (Quoted from Dr. Claudia Miller's website.)

Referral and Resources Lists: Keep a list of local physicians and other health practitioners who are familiar with environmental illnesses. Lists of helpful websites, books, and supportive organizations are also helpful.

Stay current on the development of new assessment tools, published studies, and books about clinical approaches to environmental illness and environmental sexual health.



Health



Biohazard



Human Response

Environmental Health Questionnaire

Name _____ Age _____ Gender _____

WORK

Current Occupation _____ How Long? _____

Previous Occupation _____ How Long? _____

Previous Occupation _____ How Long? _____

Have you ever worked in any of the following (please check all that apply):

- | | |
|--|---|
| ☐ Agriculture | ☐ Janitorial |
| ☐ Auto Body Shop & Painting | ☐ Manicure or Hair Salon |
| ☐ Auto Repair | ☐ Military |
| ☐ Carpeting | ☐ Mold Abatement |
| ☐ Contracting | ☐ Pest Control |
| ☐ Cosmetic or Perfume Sales | ☐ Pet Grooming |
| ☐ Dry Cleaners | ☐ Photography Darkroom |
| ☐ Home Improvement | ☐ Plant Nursery or Florist |
| ☐ Hospital or Convalescent Home | ☐ Printing |
| ☐ House Painting or Roofing | ☐ School |
| ☐ Furniture or Cabinet Finishing | ☐ Veterinary Office |
| ☐ Gas Station or Oil Refinery | ☐ Zoo |
| ☐ Golf Course | |
| ☐ Fine or Applied Arts or Crafts (what kind?) _____ | |
| ☐ Manufacturing (what kind?) _____ | |

In your job, have you ever worked with (check all that apply):

- | | |
|---|---|
| ☐ Paints & Solvents | ☐ Perfumes or fragrances |
| ☐ Pesticides or herbicides | ☐ Petroleum (gasoline) |
| ☐ Plastics | ☐ Asbestos |
| ☐ Radiation | |

Have you ever been told to check a "material safety data sheet" (MSDS) at work?

☐ Yes ☐ No

Have you ever worked someplace that was remodeled during the time you worked there? ☐ Yes ☐ No

Have you ever worked someplace that was sprayed for insects and pests during the time you worked there? ☐ Yes ☐ No

Have you ever had a job you considered hazardous? ☐ Yes ☐ No

If yes, please give details _____

Environmental Health Questionnaire Cont. Page 2

Have you ever been injured during the course of your work or received Worker's Compensation? — Yes — No

If yes, please give details of the injury_____

Do you have any disabilities, whether complete or partial? — Yes — No

If yes, please give details of your condition_____

HOME

Hobbies:

What kinds of hobbies do you have? _____

What kinds of hobbies do your family members have? _____

Do you live in:

— Residential Area in City

— Industrial Area in City

— Rural - Agricultural

— Rural - Not Agricultural

— Suburb

— Military Base

Other_____

Do you live near a Superfund Clean Up Site or other area known to be built near or on environmental toxins? — Yes — No

Have you ever remodeled or re-built all or part of your home? — Yes — No

Have you ever replaced your carpeting? — Yes — No

Has your home or garden been sprayed with pesticides or herbicides? —Yes —No

Have your neighbors sprayed with pesticides or herbicides? — Yes — No

Do you have problems with mold in your home? — Yes — No

Do you often dry clean your clothing? — Yes — No

Does anyone smoke in your home? — Yes — No

What kinds of products do you use in your home?

— Bleach

— Paints

— Cleanser

— Oven Cleaner

— Ammonia

— Air Freshener

— Scented Dishwashing Soap

— Scented Candles

— Scented Laundry Soap

— Floor and Furniture Waxes and Polishes

— Pesticides

— Window Cleaners

— Herbicides

— Mold and Mildew Cleansers

Other_____

Environmental Health Questionnaire Cont. Page 3

VEHICLES

If you drive a car, how old is it? _____ Did you buy it new or used? _____

Do you take it to an "auto detailer" for maintenance? — Yes — No

What kinds of products do you use in or on your car? (Please circle all that apply).

— Waxes and polishes

— Upholstery cleaner or conditioner

— Air Fresheners

— Dashboard cleaner or conditioner

Other _____

Do you have any other vehicles? — Yes — No If yes, what kind? _____

PERSONAL CARE

Are most of your personal care products — Scented — Unscented/Fragrance Free?

What kinds of personal care products do you use?

— Scented Hair Products

— Unscented Hair Products

— Scented Soap

— Unscented Soap

— Scented Deodorant

— Unscented Deodorant

— Scented Lotion

— Unscented Lotion

— Fragrance/Perfume/Cologne

— Essential or Aromatherapy Oils

— Scented Shaving Creme

— Unscented Shaving Creme

— Aftershave

— Nail Polish and Remover

— Acetone Free Nail Polish and Remover

— Scented Cosmetics

— Hypoallergenic Cosmetics

Do you go to a nail salon? If so, how often? _____

Do you color your hair? If so, how often? _____

PETS

Do you have pets that need to be treated for fleas? — Yes — No. If so, what do you use? _____

HEALTH HISTORY

What kind of work did your father do? _____

What kind of work did your mother do? _____

If applicable, what kind of work does your partner do? _____

What kind of area did you live in growing up?

— Residential Area in City

— Industrial Area in City

— Rural - Agricultural

— Rural - Not Agricultural

— Suburb

— Military Base

Other _____

Did you live near a Superfund Clean Up Site or other area known to be built near or on environmental toxins? — Yes — No

Environmental Health Questionnaire Cont. Page 4

Have you or any members of your family ever experienced any of the following?
Please check all that apply and indicate who has experienced this condition.

— Asthma	Me	Partner	Child	Parent
— Reactive Airway Disease	Me	Partner	Child	Parent
— Other Respiratory	Me	Partner	Child	Parent
— Cancer _____	Me	Partner	Child	Parent
— Chronic Fatigue	Me	Partner	Child	Parent
— Ear Infections	Me	Partner	Child	Parent
— Fibromyalgia	Me	Partner	Child	Parent
— Sinus Infections	Me	Partner	Child	Parent
— Depression	Me	Partner	Child	Parent
— Frequent Anxiety	Me	Partner	Child	Parent
— Frequent “Brain Fog” or “Spaciness”	Me	Partner	Child	Parent
— Frequent Headaches	Me	Partner	Child	Parent
— Frequent Irritability	Me	Partner	Child	Parent
— Low Libido	Me	Partner	Child	Parent
— Sexual Dysfunction	Me	Partner	Child	Parent
— Frequent Urination	Me	Partner	Child	Parent
— Loss of Bladder Control	Me	Partner	Child	Parent
— Irritable Bowel Syndrome	Me	Partner	Child	Parent
— Dizziness/Vertigo	Me	Partner	Child	Parent
— Joint Pain	Me	Partner	Child	Parent
— High Blood Pressure	Me	Partner	Child	Parent
— Heart Condition _____	Me	Partner	Child	Parent
— Frequent Outbursts of Anger	Me	Partner	Child	Parent
— Allergies	Me	Partner	Child	Parent
— What kinds of allergies? _____				

— Chemical Sensitivities	Me	Partner	Child	Parent
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What kinds of chemical sensitivities? _____

Other Medical or Psychiatric Condition? _____

Have you ever consulted with a doctor or other healing or therapeutic professional about any of the above conditions? If so, what was the condition and what was the diagnosis? _____

Please use the other side of the page to add any other information.

Getting Laid: The Ecological Downside

Excerpt from “An ecological blind spot” by Christina Alarcon, published Mercator.net, Nov. 16, 2010:

“In an effort to curb pollution, Canada has recently declared bisphenol A a toxic substance under the Canadian Environmental Protection Act -- a great victory for environmentalists, and a huge relief for Canadians, as exposed rodents have shown signs of neurological and behavioural developmental problems.

Used in the making of clear, hard plastics, as well as food can liners, BPA is known as the “gender bending chemical”. Even trace amounts found on some shopping receipts may contribute to impotence of male shoppers -- while boosting Viagra sales -- if they touch their mouths or handle food.

The endocrine disruptor has also been linked to low sex drive and DNA damage in sperm; it may disrupt female reproductive systems, and contribute to development of cancers and metabolic diseases. Its status is currently under review in Europe and the US.

But why are environmental crusaders hounding plastic manufacturers and the canned foods industry while ignoring the most obvious culprit: pharmaceuticals in our water supply? Not just what is dumped by manufacturers or consumers, but more importantly, what is flushed down the toilet after human consumption.

The fact remains that over the past 50 years countless millions of women have ingested synthetic hormones -- great endocrine disruptors -- to prevent conception, and excreted the waste product.

This is affirmed in a peer-reviewed paper by Alan D. Pickering (1) of the Natural Environment Research Council, and John D Sumpter of Brunel University, who highlight that although some of the endocrine-disruptors are industrial chemicals, it seems clear that the most pervasive estrogens in the aquatic environment are steroids derived from human excretion. They readily admit that although, theoretically, the pill could be controlled at source, “the social implications of this would be totally unacceptable”. Meanwhile, whether the pharmaceutical industry could develop “an effective but environmentally less persistent alternative...remains an open question.”

(End of excerpt. Read the rest at http://www.mercatornet.com/articles/view/an_ecological_blind_spot/)

(1) Pickering, Alan D. “Comprehending Endocrine Disruptors in Aquatic Environments,” *Environmental Science & Technology*, Sept. 1, 2003: <http://pubs.acs.org/doi/pdfplus/10.1021/es032570f>

Ecological Consequences of Condom Use

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http://www.msnbc.msn.com/id/19333870/ns/health-sexual_health/t/when-sex-toys-turn-green-health/

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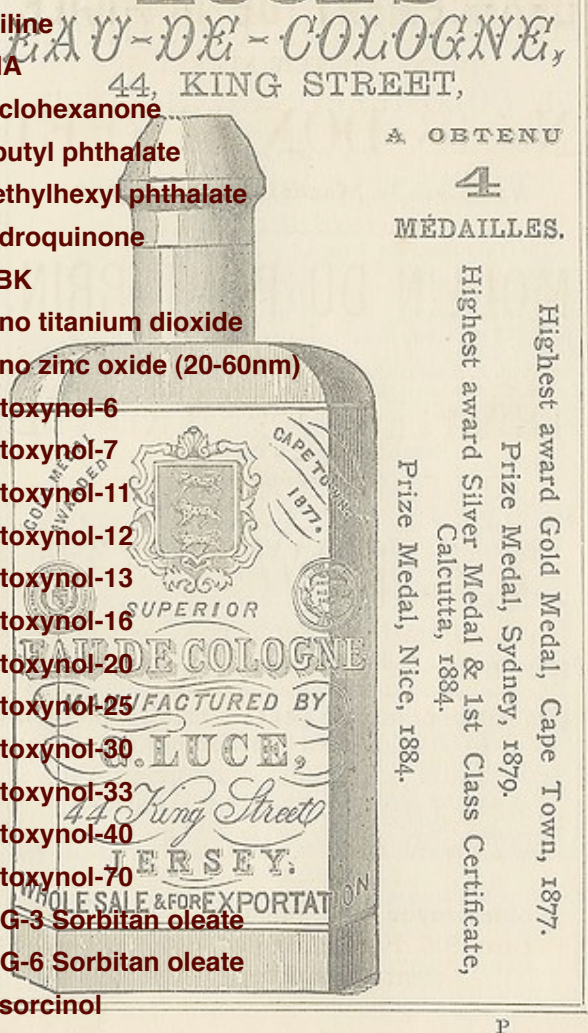
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So Many Toxins? Why Pick on Fragrance?

25 fragrance chemicals which scored a "10" for toxicity on the Skin Deep website.

Aniline
BHA
Cyclohexanone
Dibutyl phthalate
Diethylhexyl phthalate
Hydroquinone
MIBK
Nano titanium dioxide
Nano zinc oxide (20-60nm)
Octoxynol-6
Octoxynol-7
Octoxynol-11
Octoxynol-12
Octoxynol-13
Octoxynol-16
Octoxynol-20
Octoxynol-25
Octoxynol-30
Octoxynol-33
Octoxynol-40
Octoxynol-70
PEG-3 Sorbitan oleate
PEG-6 Sorbitan oleate
Resorcinol
Styrene



We know what we know today about fragrance toxicity thanks to the work of pioneering environmental activists such as Julia Kendall, Betty Bridges, and Barb Wilkie.

Others have added to this work, like the Environmental Working Group and Campaign for Safe Cosmetics.

<http://www.fpinva.org/text/index.html>

<http://www.consumeraffairs.com/health/perfume.htm>

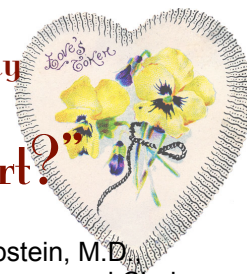
<http://safecosmetics.org/article.php?list=type&type=33>

- 1) Fragrances have changed. Old fashioned fragrances were once made with simple plant or musk essences and alcohol, little else. But over the last few decades fragrances have been made with some of the most toxic chemical combinations imaginable - because these chemicals are cheap and would otherwise have to be disposed of as hazardous waste.
- 2) The fragrance industry is "self-regulated," which means essentially no protection at all for the consumer.
- 3) Fragrance packaging is "misbranded" as it does not contain the complete list of ingredients in any formulation.
- 4) Except for skin reaction, fragrances and their ingredients are not adequately tested for their impact on human health.
- 5) Fragrance use is so pervasive that it has become a formidable barrier for people with asthma and environmental illnesses. It prevents access to public transportation, restrooms, goods, services, health care, employment, etc.
- 6) Many people have the mistaken belief that fragrance use increases their sexual allure. However, many fragrance formulations contained endocrine disrupting chemicals and neurotoxins which disrupt sexual and reproductive health.
- 7) Some fragrances contain teratogens and mutagens which can cause birth defects.
- 8) Fragrance chemicals have been found in the bodies of fish and wildlife in remote regions.
- 9) Some people might even be addicted to their "signature fragrance," because they routinely apply and inhale powerful chemicals which have a direct effect on the brain. A fragrance addict "can't do without" scented products, even if other people are complaining about adverse reactions.
- 10) Fragrances cause nausea, dizziness, brain fog, asthma and other respiratory ailments.
- 11) Fragrance use is disruptive and hazardous at work.
- 12) Illnesses caused by fragrance are expensive and unnecessary.
- 13) Some fragrance ingredients are carcinogenic or suspected carcinogens.
- 14) Fragrances are not healthy for babies and children.
- 15) Fragrances can even kill by causing a sudden, severe asthma attack or anaphylactic shock.





Activist Ephemera – Once Upon a Valentine's Day



"Perfume: Cupid's Arrow or Poison Dart?"

Chicago, Feb. 8/PR Newswire — The following was released today by Samuel S. Epstein, M.D., Professor Environmental Medicine, University of Illinois School of Public Health, Chicago, and Chairman of the Cancer Prevention Coalition, and Amy Marsh, President of the Environmental Health Network, Larkspur, California:

Lovers looking for the perfect Valentine's gift should think twice before giving a bottle of toxic chemicals to their sweethearts. Recent analysis of Calvin Klein's "Eternity Eau de Parfum" (Eternity) by an industry laboratory specializing in fragrance chemistry revealed 41 ingredients. These include some known to be toxic to the skin, respiratory tract, nervous, and reproductive systems, and others known to be carcinogens; no toxicity data are available on several ingredients, while data on most are inadequate. Additionally, some ingredients are volatile and a source of indoor air pollution. Since 1995, several consumers have complained to the Food and Drug Administration (FDA) of neurological and respiratory problems due to Eternity.

The analysis was recently commissioned by the Environmental Health Network (EHN) as many members had complained of asthma, migraine, sensitization, or multiple chemical sensitivity when exposed to Eternity. Based on this analysis, EHN filed a Citizen Petition with the FDA on May 11, 1999, which was subsequently endorsed by the Cancer Prevention Coalition. The petition requests that the FDA take administrative action and declare Eternity "misbranded" or "adulterated" since it does not carry a warning label as required by the terms of the Food, Drug, and Cosmetic Act and the Fair Packaging and Labeling Act. Grounds for requesting the warning label include FDA regulation 21CFR Sec. 740/10: "Each ingredient used in a cosmetic product and each finished cosmetic product shall be adequately substantiated for safety prior to marketing. Any such ingredient or product whose safety is not adequately substantiated prior to marketing is misbranded unless it contains the following conspicuous statement on the principal display panel: Warning: the safety of this product has not been determined."

Since May, over 700 consumers with health problems from exposure to various mainstream fragrances have written to the FDA supporting EHN's petition. The FDA responded on November 30 to the effect that they had been unable to reach a decision on the grounds of "other priorities and the limited availability of resources." The petition is thus still open for further public complaints and endorsements.

A wide range of mainstream fragrances and perfumes, predominantly based on synthetic ingredients, are used in numerous cosmetics and toiletries, and also soaps and other household products. Currently, the fragrance industry is virtually unregulated. Its recklessness is abetted and compounded by FDA's complicity. The FDA has refused to require the industry to disclose ingredients due to trade secrecy considerations, and still takes the position that "consumers are not adversely affected -- and should not be deprived of the enjoyment" of these products. The Cancer Prevention Coalition and EHN take the unequivocal position that the FDA should implement its own regulations and act belatedly to protect consumer health and safety.

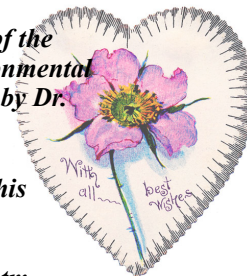
Valentine sweethearts should switch to organically grown (pesticide-free) roses or other flowers as safe alternatives to mainstream perfumes.



***Note: This fragrance petition was the brainchild of Betty Bridges, RN, of the
Fragranced Products Information Network, and Barb Wilkie, of the Environmental
Health Network. The press release was originally published Feb. 8, 2000 by Dr.
Samuel Epstein and the Environmental Health Network.***

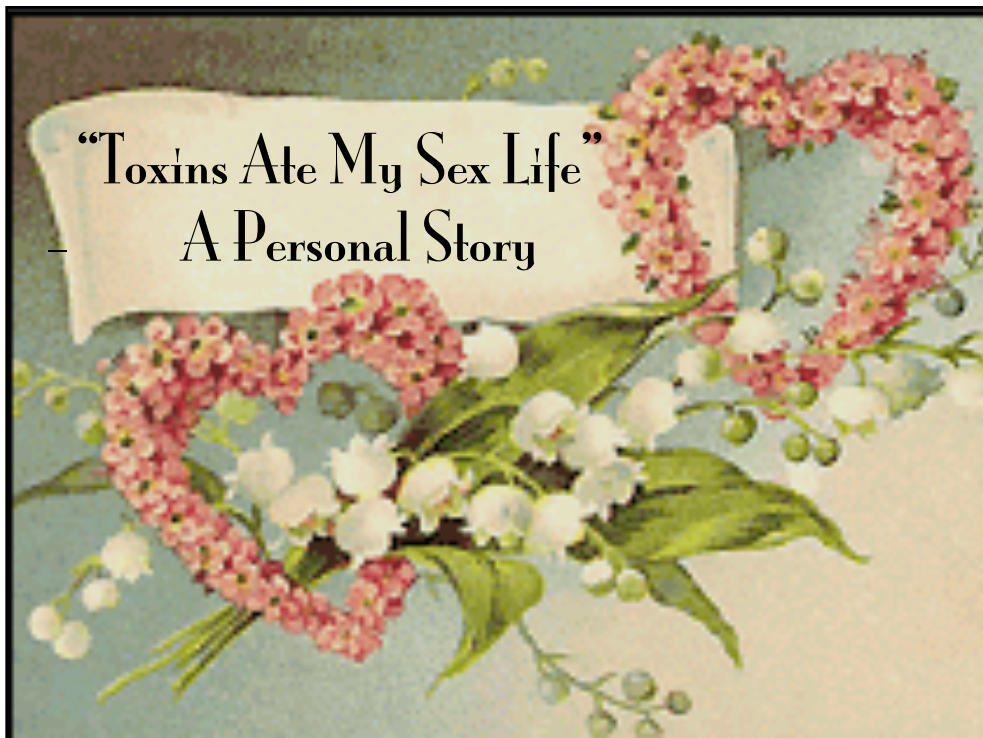
***I was president of EHN at the time and so had the honor of making this
announcement.***

Now found at http://www.preventcancer.com/press/releases/feb7_00.htm



Personal Perspective

A person with environmental illness is always on the outside looking in, except when with others who are similarly afflicted. It is the ultimate outsider's viewpoint.



Diluted barium washed across silver leaf creates a muted rosy glow, giving an old world patina to newly gilded furniture. The vapors are also extremely unpleasant and persistent. You don't just inhale the stuff - the fumes stick to your skin and seep into your pores. Hot showers later just bring back the fumes. It's nauseating.

I was pregnant during the week-long class where I first learned to tarnish silver, copper and brass leaf with barium and other chemicals. But I didn't know it until I had a miscarriage the week after. According to the material safety data sheet (MSDS) for barium carbonate, some side effects of exposure include urinary retention and testicular tenderness. Could my miscarriage have been another?

This was the mid-1980's. I had just left a corporate job and helped to start a small furniture finishing business. "Painted finishes," speckled zolatone, wall glazes, stencils, and gilding were in vogue back then and so our fledgling business prospered.

Color was big, but no one was "thinking green". Designers ignored the toxicity of automotive lacquers and didn't consider health consequences of installing freshly off-gassing cabinetry in homes. As finishers, we had material safety data sheets for each product, which informed us about hazards and "safe" application. However, as finishers, we were also at the mercy of the specification and bidding process. If we got the job, we had to use what the designer wanted. Of course, we used spray booths, protective masks, respirators, goggles, gloves, and paper suits to cut down on exposures.

That miscarriage plunged me into my first investigation of toxic chemicals and their effect on human reproduction. I researched teratogens, mutagens and reproductive hazards contained in paints, lacquer and other art supplies. What I found was alarming, so I wrote a tract called "Paint and Pregnancy". I gave copies to a few paint stores in San Francisco, hoping shop clerks would hand them to female customers as a cautionary measure. But probably they just got chucked in the wastebasket.

Toxins Stopped Eating My Babies

The next time I got pregnant, I got the hell out of the finishing shop. Though I stopped sucking up lacquer fumes, other things began to make me sick. For example, I experienced excruciating headaches and dizziness from perfume. At first, I chalked this up to the weirdness of being pregnant. Eventually, I was hospitalized with pre-term labor and spent a total of eleven weeks on strict bed rest (you only get out of bed to pee). Fortunately, this worked. My first baby was born at term, healthy and whole. His father and I were greatly relieved and enormously glad. My baby was fine, but I would later realize that this pregnancy coincided with a sudden slide into the wacky world of environmental illness and multiple chemical sensitivity (EI/MCS). This is a pesky condition which includes an endless number of symptoms which can be caused by about 80,000 registered toxic chemicals, alone and in combination.

In addition to the usual challenges of sleep deprivation and other adjustments in caring for a new baby, I found I was always sick and terribly fatigued. I had one sinus infection after another. My reactions to perfume got worse. I reacted to other things too - mold in the house, paint fumes on my husband's work clothes, the smell of gas leaking from our antique stove... Even the smell of newsprint, traces of hand lotion on money, certain aisles in the grocery and drug stores, could make me feel awful. Probably the lowest point, in terms of energy, was the day I had to lie down and recover for twenty minutes after putting a stack of plates on a shelf.

For three years, I didn't understand what was happening. I couldn't connect the dots. One day someone suggested I had "environmental illness", a condition completely unknown to me until that moment. Her words provided a road map for learning about my condition, coping with it over the next several years, and even faint indications for eventual recovery.

I began to use respirators and face masks in public. I purged the house of all things scented and toxic. I scoured the internet for information about chemical sensitivities and how to manage them. And I found a curious thing. A certain chemical which had shown up in many material safety data sheets for lacquers also showed up a list of common toxic ingredients in perfumes. This explained my acquired sensitivity to fragrances, but it also opened up a whole other can of worms. Why was it, I wondered, that a chemical which legally requires a material safety data sheet when purchased in a can of paint - with strict instructions and warnings to avoid skin and respiratory contact - is acceptable in a cosmetic product which is inhaled and applied to skin? Why are there no warnings? Hmmmm... something was awfully fishy in that can of worms... but more on that in a moment.

I got pregnant again. I wanted to avoid an asthma attack during delivery and I wanted a fragrance-free birth. I didn't want to dilate to 10 centimeters while wearing a respirator. With my obstetrician's help, I requested accommodation for my chemical sensitivity in my birth plan. This was largely futile. I remember a horrible incident when I checked in to monitor pre-term labor contractions at Kaiser Permanente in San Francisco. A perfectly nice, but absolutely reeking nurse became quite upset when I requested a replacement. Pointing out the request for this accommodation in my birth plan did not decrease her distress. Is it any wonder that I ended up again in pre-term labor, with another bout of bed-rest? Or that the baby was accidentally born at home? (At term, too, and very healthy.)

The challenges faced by parents of young children are manifold. My possession of a weird, misunderstood chronic condition didn't help our family life. Still, we carried on. I was determined to provide an enriched childhood for my kids, volunteering at their schools and getting them out to the park and to special events whenever possible. Though I gloried in our outings, I inevitably had to drag the kids away from pockets of airborne toxins wafting around other participants. I tried to cultivate some gallows humor about this, but even people who really loved me got tired of hearing about "the solvent-based life form clutching a fume-fed baby who unwittingly chased us from the California Academy of Sciences with her cloying, god-awful perfume."

The Secret Life of an Environmental Health Activist

There's only so much that healthy people can take on this topic, so I got involved with the Environmental Health Network (www.ehnca.org), a grassroots organization of people who were sick like me. I could talk freely with the other chemically sensitive people about the surrealism of my condition, but there was one thing I was too ashamed to mention. Sex.

Like other parents, we found it hard to get enough privacy or time for intimacy. Exhaustion was a factor too. But my reactions to toxic chemicals had even taken a big bite out of my sex life.

In stark contrast to my earlier life, I now had very little libido. Sure, I could get excited "in the moment", but seldom experienced desire in advance. I didn't yearn for sex with my handsome husband, though I mostly accepted it when it was offered, provided I could get it up, energy-wise. (You can imagine how this made him feel. I am so very sad about this.) What remained of my fantasy life was focused on a deep craving for uninterrupted sleep and an eventual escape to a remote, non-toxic island where I could breathe freely and feel alive again. My daily existence was focused on taking care of the kids while I dragged myself through the day.

Besides low libido and chronic fatigue, I was also reacting to body fluids. Saliva hurt me. I'd be sore for days after a bout of oral sex. Though we mostly used condoms, semen could be irritating too. Was I reacting to traces of cigarettes and workplace solvents in my husband's body chemistry? Was I reacting to them now because of all the other "sensitivities" I'd accumulated? I'd never heard of dental dams for oral sex and as for plastic wrap - well, I'd become wary of phthalates and endocrine disruptors in plastics. Condoms were also irritating. I spent more time dwelling on these matters than you might imagine, but I couldn't bring myself to talk to my husband or anyone else about this. I felt afraid and very ashamed.

Understand, our life as a couple and as a family was already in jeopardy due to my illness, which was fairly consuming. Dodging potential exposures and coping with ones that couldn't be avoided required the kind of micro-management that doesn't come naturally to me. I was forced to become somewhat obsessive while at the same time I was demoralized by my lack of success in communicating other, less personal needs for accommodation.

Worst of all, it was cruelly apparent that my husband, the family breadwinner, was undoubtedly sacrificing his own health in a toxic business in order to keep us fed, clothed and sheltered. It was difficult for him to consider any other option, even the option of trying to steer his clients toward safer alternatives. If he continued his work, he'd probably continue to absorb and emit substances that would be irritating to my mucous membranes. I'd continue to hurt during and after sex, and feel myself recoil as a result. Yet I opted to put up and shut up, because I really didn't want to demoralize him any further, either. I mean, he was already married to a freak who sometimes had to wear a mask or respirator in public! Unfortunately, neither of us possessed a fetish for spray booth fashion that would have made this enjoyable.

"Put up and shut up" was a big mistake, but I didn't know what else to do. Fast forward to the present and I can see how this strategy was corrosive as well as catastrophic. Mutual resentment, the topic of Charlie Glickman's brilliant blog at Good Vibrations (1) was allowed to accumulate past the point of no return.

Taking a larger view, our marriage was just one of many casualties caused by our society's reliance the relentless production and extravagant use of toxic chemicals.

The Carnal Canary

Canaries were the early warning signals of unventilated coal mines. When they stopped singing, it meant they'd died from methane and carbon monoxide fumes and coal miners had better take heed! People with multiple chemical sensitivity have also been likened "canaries in the coal mine". I think "Cassandras in the coal mine" is more apt. No one listens to us. In fact, they'll do anything to avoid hearing our cautionary predictions. As a messenger, I'm always shot.

EI/MCS "Cassandras" are brilliant but often short-lived. Cindy Duehring died at the age of 37 in 1999. She was the founder of the Environmental Access Research Network (EARN) and provided impeccably researched medical and legal briefs to people all over the world. She was recognized with the "Right Livelihood" Award shortly before her death (2). Her husband flew to Sweden to accept the award on her behalf, as her health would not permit her to leave her sealed home in a remote area of North Dakota. A few years earlier, Duehring had wisely merged EARN and its resources with the Chemical Injury Information Network (3), founded by Cynthia Wilson.

If any organization in this world would know of a sexuality study related to environmental illness, it would be CIIN. According to its website, CIIN is "responsible for the administration of one the largest private libraries on chemical health issues in existence. Its primary focus is to make scientific, medical, legal, and government literature available to health care professionals, expert witnesses, attorneys, and lay persons." Yesterday I called the CIIN office and spoke with John, who ran my query past Cynthia, and came up with nothing.

"Why is that?" I asked, "don't they care about us?" "It's probably money," he said. And he's probably right. His best suggestion was to check studies of individual chemicals, such as benzene, formaldehyde, and other solvents, for impact on human sexuality. I'd already done a little bit of that, but the studies I've found so far focus mostly on reproductive organs, not sexual desire, function, or behavior. Studies also tend to focus on exposures to occupational and industrial toxins and seldom address the health effects of toxic consumer products with which we willingly, but unknowingly, complicate matters.

For example, a study published in *The Lancet* (2001) examined the effect of industrial pollutants on the sexual development of 200 seventeen-year olds (120 girls and 80 boys). The teenagers were recruited from communities near lead smelters and waste incinerators. Scientists found lead and cadmium in their blood and PCBs, volatile organic compounds, and "dioxin-like" compounds in their urine. Overall, the children took longer to sexually mature (as compared to the control group), and had some evidence of renal dysfunction.

The National Institute for Occupational Safety and Health provides information about the effect of workplace hazards to reproductive health. The article on male reproductive health (4) at least includes three sentences addressing concerns about "sexual performance" as well as the impact of chemicals on sperm: "Changes in amounts of hormones can affect sexual performance. Some chemicals, like alcohol, may also affect the ability to achieve erections, whereas others may affect the sex drive. Several drugs (both legal and illegal) have effects on sexual performance, but little is known about the effects of workplace hazards.

However, *The Effects of Workplace Hazards on Female Reproductive Health* (5, 6) ignores the effect of toxins on female sex drive, behavior or function: "The following problems may be caused by workplace exposures, menstrual cycle effects, infertility and sub-fertility, miscarriage and stillbirths, birth defects, low birth weight and premature birth, developmental disorders, childhood cancer." So women who may very well suffer from low libido or mucous membrane irritation as a result of workplace exposure to toxic chemicals will never, ever understand what is wrong with them.

Some people do study "human seminal plasma hypersensitivity" (7) which is "differentiated from allergic reactions to latex, spermicidal agents, local anesthetics or components of lubricants." But I wonder, could some of the "complaints [which] occur immediately or within 1 h[our] after contact with seminal plasma" possibly stem from reactions to traces of occupational or consumer toxins which have entered the body, and the semen? According to this particular study, "local reactions include itching, burning, erythema and edema in the vulvar region or other sperm contact sites. Systemic reactions are experienced as dyspnea, dysphagia, rhinoconjunctival complaints, generalized urticaria, angioedema, gastrointestinal symptoms, exacerbation of existing atopic eczema or anaphylactic shock. Recently, it has been reported that human seminal plasma anaphylaxis may also present as 'vulvar vestibulitis syndrome' or 'burning semen syndrome'. These symptoms may occur during the first sexual intercourse."

It is possible now to find advice for people who are irritated by their partner's body fluids and skin. The advice at one website (8) does address the possible role of consumer products and suggests that sensitive lovers avoid "toiletries, cosmetics, perfumes, etc., on skin" and avoiding "toothpaste, mouthwash, home medicine or anything else that might pass from the mouth." The site suggests using "low hazard laundry agents" and checking "whether you react to tap-water." The site also suggests avoiding foods that might cause an allergic reaction as a result of semen ingestion, but stops short of suggesting an investigation into possible occupational exposures that might also have an effect on semen and other body fluids.

One might also be concerned about effect of chemicals, such as acetaldehyde, from smoking. In a study called "Increased salivary acetaldehyde levels in heavy drinkers and smokers: a microbiological approach to oral cavity cancer" (9) it was found that "smoking and heavy drinking were the strongest factors increasing microbial acetaldehyde production", a factor implicated in the development of oral cavity cancer.

"Effect of Receptive Oral Sex and Smoking on the Incidence of Hairy Leukoplakia in HIV-Positive Gay Men" said that the risk of developing HL (an Epstein-Barr virus-related oral lesion) doubled "if men smoked ≥ 20 cigarettes/day compared with nonsmokers." The authors conclude that this "may suggest one effect that smoking produces on the oral mucosa's local immune response, merits further investigation." Is "increased salivary acetaldehyde" also a potential culprit here?

The material safety data sheet for acetaldehyde (10) refers to the chemical as an "irritant and sensitizer for skin" which can be "absorbed through intact skin.... can irritate mucous membranes in lungs." My question is, can acetaldehyde also irritate mucous membranes and sensitive tissue around the genitals? Can acetaldehyde (among other things) be found in seminal fluid? In saliva?

Understand that we are talking about small amounts of chemicals and repeated exposure. Those who pooh-pooh a person's reaction to small amounts of toxic chemicals in a fragrance or industrial product would do well to remember that trace amounts of similar toxins in cigarettes have caused widespread, serious health problems.

It's only in the last ten years that some of the truth of consumer toxins has come out. One of the best explanations of this situation is *The Story of Cosmetics with Annie Leonard at The Campaign for Safe Cosmetics* (11). I love Annie's mantra: "toxins in, toxins out."

Fragrance products are protected by an archaic trade secrets law and consequently do not disclose all of their ingredients on their labels. Except for skin irritation tests, fragrance products are not tested for their potential impact on human health.

Consequently, they have become a fabulous and lucrative dumping ground for industrial waste products. Visit the Fragrance Product Information Network (12) for more information. I recommend this site particularly for people who just can't live without scented products. Frankly, these are the people who should be demanding safe products from the companies that have taken so much of their money!

One woman's glamour is another woman's trip to the emergency room. Frankly, it's sad that it's come to this. Coincidentally, as I was writing this column, a woman I know slightly but whom I've always liked just phoned to ask if

she could hitch a two-hour ride to a tantra retreat. She said it would be fun to ride with me and I was feeling pretty good, like, we're all Tantric goddesses on a road trip and stuff. But then she balked at my request for fragrance-free company in the car. I explained that wearing a mask while driving doesn't work for me, as it fogs the prescription glasses I need to wear. She appeared to agree but called me back a couple minutes later saying she'd "checked in with herself" and my request didn't feel good to her. She said her shampoos and lotions were too much a part of her and so she didn't want to be without them for a few hours. She said she'd find a ride with someone else. Fair enough. Everyone's got priorities. But man, it's a weird feeling to get dumped for a bottle of lotion!

Sexology and Material Safety

Short of suggesting that all relationships should come with their own "material safety data sheets" (come to think of it, not a bad idea!), I do think that it would be prudent for all of us to have an increased awareness of the potential hidden impact of chemical toxins on sexual function, desire, and behavior - as well as reproductive function.

Clinical sexologists, sex therapists, counselors or educators - take heed. We need to ask our clients about occupational exposures and toxic product use as part of our intake process. We don't have studies to rely on yet, but this kind of scrutiny in a clinical setting may be of use to a few clients who present with vulvodynia, vaginismus, low libido, "allergies to semen", and other problems.

Example: Dr. Daniel Amen tells a story about the impact of solvent exposure on a troubled marriage (13). He speaks of a difficult couple who flunked three years of marriage counseling before showing up in his office. He gave them both the customary brain SPECT scans. The man's brain was "shriveled and full of holes." Dr. Amen said he would expect this from someone who used too much alcohol or drugs, but the couple said this wasn't the man's problem. The wife explained, "he is just an asshole" though she admitted he hadn't always that way. She said they'd been very happy until the last eight years - which were awful. Dr. Amen thought and thought and finally asked the guy what kind of work he'd been doing for those eight years.

Answer? *Furniture finisher.*



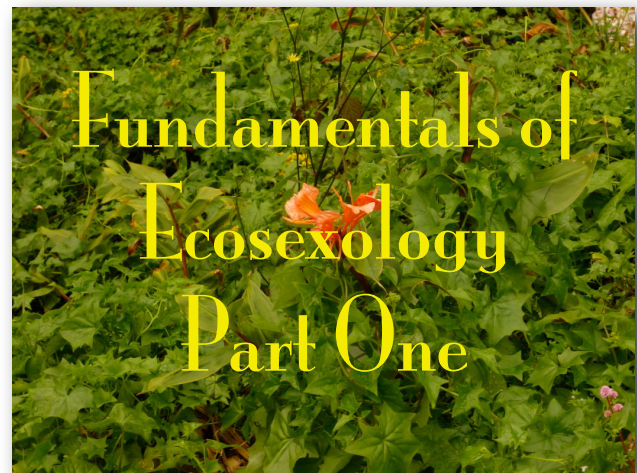
Notes from "Toxins Ate My Sex Life" - websites accessed in August, 2010.

- (1) Glickman, Charlie blog on resentment (<http://www.charlieglickman.com/2010/07/resentment-the-biggest-relationship-killer/>)
- (2) Cindy Duehring, Right Livelihood Award (<http://www.rightlivelihood.org/duehring.html>)
- (3) Chemical Injury Information Network (<http://ciin.org/>)
- (4) Study on male reproductive health (<http://www.cdc.gov/niosh/malrepro.html>)
- (5) *The Effects of Workplace Hazards on Female Reproductive Health* (<http://www.cdc.gov/niosh/docs/99-104/>)
- (6) (<http://www.cdc.gov/niosh/topics/women/reproductive-health.html>)
- (7) Human seminal plasma hypersensitivity (<http://www.ncbi.nlm.nih.gov/pubmed/16129942?dopt=Abstract>)
- (8) Advice (<http://pharmdrugall.com/2009/04/sex-and-allergy-reactions-to-human-semen-mucus-saliva-and-skin>)
- (9) Microbiological approach to oral cavity cancer" (<http://carcin.oxfordjournals.org/cgi/content/abstract/21/4/663>)
- (10) Material safety data sheet for acetaldehyde (<http://www.sciencelab.com/xMSDS-Acetaldehyde-9922768>)
- (11) The Campaign for Safe Cosmetics (<http://www.safecosmetics.org/>)
- (12) Fragrance Product Information Network (<http://www.fpinva.org/text/Fragrance%20Materials%20and%20Composition.html>)
- (13) Amen, Daniel. *The Brain in Love*, pages 94-96.

A version of this article was originally published in Carnal Nation, August 18, 2010.
<http://carnalnation.com/content/58400/999/toxins-ate-my-sex-life>

Ecosexuality is to sexology as ecopsychology is to psychology. Ecosexuality merges environmental consciousness with an expanded inquiry into human sexual behavior. But unlike ecopsychology, ecosexuality is newly born. Though we can sense the vast terrain of ecosexuality, it remains largely uncharted and mostly unexplored.

The time is coming soon when it will no longer be adequate for a sexologist to merely address “what people do and how they feel about it”. Even now the juiciest questions arise when merged with awareness of what people do intimately, and when, and where, and how, and above all - *with what manner of connection to natural realms?* How do our erotic and reproductive lives and our sexual behaviors draw from our connection to the earth and its myriad ecosystems (as well as the ways we’ve altered these!) and how does our individual and collective lovemaking affect all this?



Ecosexuality is one name for this way of experiencing, celebrating, perceiving, studying, and thinking about human sexual behavior. Annie Sprinkle and Elizabeth Stephens, collaborative artistic and sexological pioneers, call what they do “sexecology.” In 2010, in a private Facebook exchange, Annie Sprinkle explained sexecology to me as “the place where sexology and ecology overlap.”

But I think ecosexuality can serve as the umbrella term, because it can include “the study of” sexecology and ecosexuality as well as other entwined realms. Ecosexuality can include clinical, cultural, artistic, political, scientific, entrepreneurial, and/or academic explorations. It can inform community activism in sexual, social justice, and environmental movements. And it draws - as sexology has always drawn - from a wide range of varied disciplines and spheres: art and erotology, history, medicine, biology, botany, community action, education, clinical literature, psychology, anthropology, sociology and social work, law, public policy, and so on.

The differences between standard clinical sexology and the future practice of clinical ecosexuality may be similar to the differences between clinical social workers and therapists. Clinical social workers tend to address people in their larger familial and social context, while traditional therapists tend to focus on the individual psyche. So we can say the “eco” portion of our newly minted word represents an expansion of the sexological context by bringing in environmental, ecological, and other Earth-centered elements to our view of human sexual behavior. (Of course, clinical social workers and therapists could connect with the sexological context more than they have, but that’s another topic.)

Ecosexuality is also different from ecosexuality, which we’ve been hearing about recently. Ecosexuality is an attitude and/or behavior, perhaps for some even an orientation. It can be considered within the context of ecosexuality, which acknowledges ecosexuality and observes it through an expanded lens, alone and in relationship with other aspects.

Exploring and defining ecosexuality is a juicy job, and more than a handful of people have got to do it. Core concepts of ecosexuality have arisen in the zeitgeist, “independently” in more than one fertile mind. A few years ago, I began to view myself as an ecosexologist - “coining” that word for myself after reading a bit about ecopsychology. This was based on my experiences as a chemically sensitive environmental health activist and former president of the Environmental Health Network (1). I was also cognizant of the lack of ecological and environmental awareness in my chosen field of sexology - particularly the ways in which toxins could be affecting sexual behavior and function and the importance of a pristine environment for healing. Though the zeitgeist and I are old friends, I had no idea anyone else was even thinking along ecosexological lines. I should have known better!

For example, in 2008, in the green fourth chakra year of their “Seven Years of Loving” project, Annie Sprinkle and Beth Stephens took vows to “love and cherish the Earth.” Subsequent weddings have included the sky, moon, and mountains (2).

In 2008, ecosexuality also made an appearance at the German Society for Social Scientific Sexuality Research conference in Munich. Prof. William A. Granzig, PhD, FAACS presented “Eco-sexology: A New Paradigm.” Unfortunately, I have not found a copy of his paper.

Interest in this “new paradigm” continues. In September 2010, the First International Conference on Eco-Sexology apparently took place at Peking University, in Beijing, China. (But other than the fact that a couple American sexologists were planning to attend, I cannot locate much information about it.) And in 2010, Annie Sprinkle, Beth Stephens, and many other collaborators hosted the first EcoSex Symposium in San Francisco. The second takes place in June, 2011.

Research into various sexological and psychological journals, as well as into spiritual movements, would probably yield more evidence of ecosexology’s emergence. But I have a feeling that as it takes form, modern ecosexology will encounter concepts and traditions formed in ancient, Earth-centered cultures. In fact, we probably know this already.

More Than Green Products and Sustainable Sex

As I’ve said before, my own entry point began with my experiences with environmental illness and the impact of toxic chemicals on my sexual and erotic life (see “Toxins Ate My Sex Life”). In recent years, people have started tossing non-toxic, phthalate-free vibrators down into the toxin-laden “coal mines” where “Cassandras” (i.e. “canaries”) like me reside. This is surely nicer than doing without access to safer sex toys and lube, but as an ecosexologist, I know the green products movement is only one small (though necessary) part of the picture. So are individual proclamations of ecosexuality and the dating sites which support such folk.

With regard to human eroticism and its dynamic interaction with the earth (including human constructions), our individual understanding will be broader, deeper, richer, and far more pleasurable if we invite an expanded (collective) vision. So here’s a preliminary outline of fundamental areas that fall naturally into the realm of ecosexology as well as areas which ecosexology can begin to address. This is not a complete list, by any means. This is simply a starting point for your own thoughts and inquiries.

Clinical Ecosexology

The premise and principles of ecosexology could find their way into clinical practice in addressing or incorporating many of the issues below. This is also an area that will require cross-fertilization by some of the findings and practices of environmental medicine. (Also below.)

Cultural Ecosexology

An ecosexologist could investigate cultural traditions of animism, shamanism, earth centered spiritualities, sacred sexual traditions, energetic practices, and many other things which connect the earth with human eroticism and reproduction.

My explorations in this area include the erotic landscapes and place names of the Hawaiian islands, which still have cultural and emotional significance for Native Hawaiians.

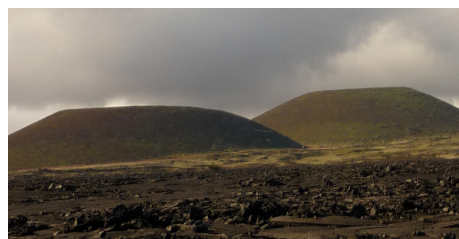
Recently, a friend of mine was talking about the erotic beauty of volcanic cinder cones (pu’u), “some pu’u remind me of pussies... when I pass Kohelepelepe, I feel sexy - not erect, but mind sexy.” Kohelepelepe, is a pu’u on O’ahu. The name means “fringed vagina”. It has also been called Pu’u Ma’i. The legend of Kohelepelepe tells of the “hog child god,” Kamapua’a, and his pursuit of the volcano goddess, Pele. Her sister, Kapo’ulakina’u, wanted to distract Kamapua’a and so sent her detachable “flying vagina” whizzing past him. Kamapua’a dumped Pele to chase it from island to island. It finally landed on O’ahu as Kohelepelepe, now known as “Koko Head Crater.”

Ecosexological Ethnobotany

Could include cultivations and studies of plants associated with aphrodisiacs, reproductive medicine and sexual healing. Also, collecting plant lore which pertains to eroticism and sexual function.

Eco-erotology

A study of all the arts which express these connections, as well as the creation of present and future art - such as Sprinkle’s and Stephen’s ecosexual marriage ceremonies.





Ecofetishes

An ecosexologist could make a special study of sexual attraction to natural elements such as aquaphilia (hydrophilia - water fetish) or arborphilia (tree fetish).

An example of arborphilia made the news earlier this year when a Scottish man was caught trying to have sex with a tree in broad daylight. Could this have been an opportunity for work with a clinical ecosexologist?

Ecopsychology

Ecosexologists might find it fruitful to have an understanding of ecopsychology. This is a concept named and launched by Theodore Rosnak in *The Voice of the Earth* (1992). Many have taken up the concept since then.

The International Community for Ecopsychology (3) says: "At its core, ecopsychology suggests that there is a synergistic relation between planetary and personal well being; that the needs of the one are relevant to the other." Ecosexologists can take this premise and apply it to the realm of human sexuality.

Ecosexuality (ES)

The term "ecosexual" seems to have a couple of meanings. For example, a rather PC pop quiz found at the Gaiam website (4) describes an ecosexual as someone "who will date only others of the same environmental persuasion."

Various internet dating sites cater to people who define themselves as ecosexuals in this way. I found one which was established 25 years ago! Ecosexuals on these sites also share interests in world peace, organic food production, and similar issues.

Stefanie Iris Weiss, author of *Eco-Sex: Go Green Between the Sheets and Make Your Love Live Sustainable*, has created a manifesto of ecosexuality. You can listen to an interview with Weiss on Toronto's "Green Majority" podcast (5). Weiss says that ecosexuality starts with the relationship you have with your own body.

Ecosexuality can also be defined and experienced as an erotic attraction to the Earth, the elements, or various Earth features. At Love Art Laboratory), Sprinkle and Stephens offer a poster which describes "25 Ways to Make Love to the Earth". My favorite: "ask her what she likes, wants, and needs - then try to give it to her."

Environmental Health and Environmental Justice Movements

The valuable experiences and needs of those who have already suffered the sexual and reproductive consequences of toxic exposure have been overlooked in the heady rush to commodify ecosexuality and commercialize "green-gasms". From poor neighborhoods located near outdoor toxic superfund sites, to the similarly polluted indoor air of the average American home (6), the people who have already dropped like flies form an invaluable resource of knowledge and experience, if only other folks would think to talk to them about their chemical reactions, sexual behavior, and related disability issues!

If you, the budding ecosexologist, can't find a way to make contact with your friendly, neighborhood chemically sensitive neighbor, get up to speed on this issue with the following resources: Multiple Chemical Sensitivity Referral and Resources (7); the Chemical Injury Information Network (8); the Environmental Health Network (of CA) (9); The Fragranced Products Information Network (10); Environmental Working Group (11); and EWG's Skin Deep cosmetic safety data base (12). There may not be much specific information about sexual disorders, but you can certainly get a handle on health issues that may have a secondary affect on sexual desire and behavior.

For information about specific toxic chemicals, use the Agency for Toxic Substances and Disease Registry (13). Material safety data sheets (MSDS) can be found online as well (14).

Environmental Medicine, Sexual and Reproductive

Environmental medicine deals with the impact of allergens, molds, toxins, and pollution on the human body. People with environmental illnesses, including those injured by occupational exposure, often rely on the insights of environmental medicine - even if they can't afford to consult an environmental physician.

Suppose clinical ecosexologists could also make use of these insights? We already know that some toxic chemicals

have an adverse effect on male and female reproductive health. We do not have many studies yet, but I believe that if a variety of studies were done - starting with the chemicals that we already know disrupt reproduction - we may very well uncover a direct adverse relationship between some consumer and occupational toxins and conditions such as low desire, vulvodynia and vaginismus, allergies to semen and other body fluids, involuntary ejaculation, etc.

In a world where endocrine disrupting products abound, including plastic food containers, ecosexologists might also want to enlist the insights of environmental medicine on behalf of those clients who are using hormones to bring their bodies into alignment with their gender. It may be that we are currently overlooking the importance of monitoring the long-term effects of environmental endocrine disruptors and other toxins on the bodies of those in transition. (This may also be important for those who are using hormone replacement therapy.)

The American Academy of Environmental Medicine (15) was founded in 1965. I did not find much about sexuality on the website. What there was focused on reproduction, as in this position statement on genetically modified foods (16): "GM foods pose a serious health risk in the areas of toxicology, allergy and immune function, reproductive health, and metabolic, physiologic and genetic health and are without benefit..."

AAEM does offer environmental practice guidelines as well as online educational programs on environmental medicine for continuing education credits. These may be of interest to ecosexologists who are interested in screening clients for environmental illnesses that may affect sexual function.

Objectum Sexuality (OS)

Annie Sprinkle and Beth Stephens have married portions of the planet. Eija-Ritta Berliner-Mauer, Erika Eiffel, Amy Wolfe, and others have married constructed landmarks (Berlin Wall, Eiffel Tower), carnival rides, transportation, and other artifacts. If ecosexuality can be described as erotic engagement with the Earth as a whole or various features of the natural world, objectum sexuals can be viewed as having erotic engagement with human constructions which have altered that world. Both represent erotic engagement with "inanimate" elements of the environment.

For a greater understanding of OS, read "Love Among the Objectum Sexuals," published in the *Electronic Journal of Human Sexuality* (17) as well as my three-part column on OS found in the archives of *Carnal Nation* (18, 19, 20).

Coming Up in Part Two

More core concepts, such as sexual and gender diversity and the precautionary principle, as well as other resources and tools will be found in "Fundamentals of Ecosexology, Part Two."

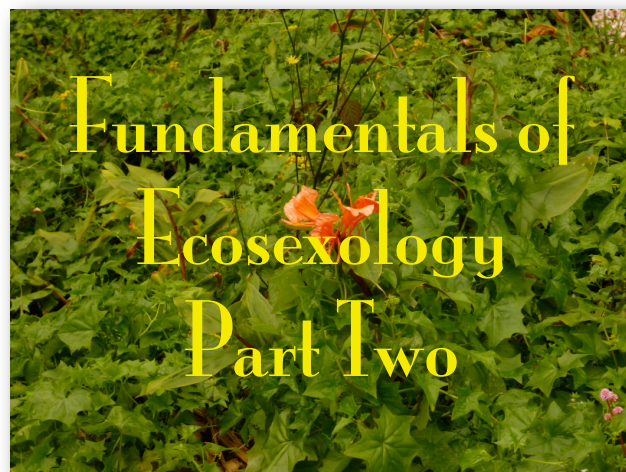
Notes From "Fundamentals of Ecosexology Part One"

- (1) Environmental Health Network of California (www.ehnca.org)
- (2) LoveArt Lab (http://www.loveartlab.org/artist-statement.php?year_id=6)
- (3) International Community for Ecopsychology (<http://www.ecopsychology.org>)
- (4) Gaia Pop Quiz (<http://life.gaiam.com/gaiam/p/QUIZ-Are-you-an-ecosexual.html>)
- (5) Weiss on Toronto's "Green Majority" podcast (<http://besustainable.com/greenmajority/2010/07/23/tgm-199/>)
- (6) See Ott, W. and Roberts, J. (1996) "Everyday Exposure to Toxic Pollutants," *Scientific American*, 278(2):72-77.
Ott, W., Stenemann, A., and Wallace,...
- (7) Multiple Chemical Sensitivity Referral and Resources (<http://www.mcsrr.org>)
- (8) the Chemical Injury Information Network (<http://ciin.org>)
- (9) the Environmental Health Network (of CA) (www.ehnca.org)
- (10) The Fragranced Products Information Network (<http://www.fpinva.org/text/index.html>)
- (11) Environmental Working Group (<http://www.ewg.org>)
- (12) EWG's Skin Deep cosmetic safety data base (<http://www.cosmeticsdatabase.com>)
- (13) Agency for Toxic Substances and Disease Registry (<http://www.atsdr.cdc.gov>)
- (14) Material safety data sheets (MSDS) can be found here (<http://hazard.com/msds>)
- (15) American Academy of Environmental Medicine (<http://www.aaemonline.org>)
- (16) Position statement on genetically modified foods (<http://www.aaemonline.org/gmopost.html>)
- (17) "Love Among the Objectum Sexuals," *Electronic Journal of Human Sexuality* (<http://www.ejhs.org/volume13/ObjSexuals.htm>)
- (18) "People Who Love Objects, Part One" (<http://carnalnation.com/content/35197/999/people-who-love-objects-part-i>)
- (19) "People Who Love Objects, Part Two" (<http://carnalnation.com/content/35921/999/people-who-love-objects-part-ii>)
- (20) "People Who Love Objects, Part Three" (<http://carnalnation.com/content/36653/999/people-who-love-objects-part-iii>)

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<http://carnalnation.com/content/58460/999/fundamentals-ecosexology-part-one>

Move on over, Dr. Ruth! When a specialist in human sexuality says, as Dr. Ruth did recently, "there is nothing new under the sun," it's time to move on, as she has, to other areas of interest. As for me, sexology still feels fresh - a lush conceptual landscape of abundant sexual diversity. For me, co-creating a vision of ecosexology - and thrusting my hands into its warm, moist soil! - will always be a sure cure for sexological ennui.

At the moment, ecosexology presents as a collection of interesting concepts but not everyone is convinced of their usefulness in sex therapy, counseling and education. As one reader wrote (in another forum): "it would be difficult to use this theory for a clinical



ecosexologist in practice." However he did agree that "it could help individuals' sexuality [to be] living in a less toxic, ecohealthy, more spiritual non-dogmatic environment." I understand why this reader can't quite connect the dots. Last week I simply tilled this column's "soil" and sprinkled conceptual seeds over fertile ground. They'd barely begun to sprout. Even so, I promised you an abundant harvest of "more concepts, goodies and resources." This week, I want your imagination to take a fast-forward leap, to visualize these conceptual seeds as rooted and blooming in a "garden" of clinical practice. In this way, it should be easier to see if ecosexology has something to offer you, in your own erotic life, or as a potential client ,or even as a practitioner.

But first, let's revisit a few basic premises of ecosexology.

The first premise is that we can't escape our relationship with the planet and ecosystems where we evolved over eons, though we can disrupt or deny it. This includes our erotic nature. Many cultures continue to develop and promote energetic practices which are grounded in this premise, such as Tantra, Healing Tao, Qi Gong, etc.

The second premise is that "healing" of some sexual concerns may be gained or enhanced, in some cases, through an awareness of erotic ecology and active reconnection with nature and the energies of the earth (perhaps through the above and similar practices).

The third premise is that certain types of erotic behavior and consumer choices cannot fail to add to the burden of pollution affecting countless ecosystems. And that the effects of pollution in turn affect human health and capacity for erotic behavior.

I am sure others can add basic premises and core concepts, but for the purposes of this column, let's stick with the above. Let's also imagine that the most fertile grounding for ecosexology consists of the sexologist's classic, non-judgmental, sex-positive, client-centered approach to clinical work. And as biodiversity is essential for the overall health of the planet and all its creatures, so we should proclaim sexual and gender diversity as essential for the overall health of our collective erotic ecology and pledge to do all we can to nurture and nourish this.

The Fertile Ground of Clinical Sexology

Let's say you've made an appointment with a clinical sexologist. Sexologists typically offer sex counseling and education to support you in experiencing greater pleasure, improvement in sexual and gender self-acceptance, sexual function, and intimacy in the way which is most appropriate to your orientation and preferences. Sexologists seldom pathologize consensual, adult behaviors and interests. As a client, you can probably expect to encounter these basic components of clinical practice:

The sexologist will take a detailed, confidential sex history in order to have the best understanding of your background, experiences and presenting issues;

The sexologist will probably structure her/his/hir practice on the PLISSIT model (permission, limited information, specific suggestions, and when appropriate, intensive therapy - possibly as a referral to a psychotherapist). Within the PLISSIT context, the sexologist will offer a combination of modalities, depending on education and expertise: talk therapy, discussion or counseling; sex coaching, "home play assignments;" mind-body techniques (such as hypnotherapy or Sexological Bodywork); educational materials; and so on.

Germinating Ecosexology

If you are a potential or practicing ecosexual, many of the following conceptual “seeds” can be planted in your own erotic soil. If you like, you can begin to incorporate these ideas and tools into your general health awareness as well sexual behaviors and attitudes. A clinical sexologist can “grow” into an ecosexological practitioner by also planting these seeds - incorporating these elements into an overall philosophy of clinical work and using them during specific portions of a session or treatment plan. These “seeds” are therefore organized in a sequence that would make sense to a professional practitioner, flowing from principles to screening tools to specifics - but do read on, there are good things here for everyone.

Precautionary Principle

Precaution says, “first do no harm.” With regard to human sexual behavior and function, the precautionary principle could encourage everyone to switch to less toxic personal care and consumer items in order to improve overall health, which might then have a favorable impact on specific sexual concerns. Here is a good definition of the precautionary principle (1) and its applications:

Precaution – the “precautionary principle” or “precautionary approach” – is a response to uncertainty, in the face of risks to health or the environment. In general, it involves acting to avoid serious or irreversible potential harm, despite lack of scientific certainty as to the likelihood, magnitude, or causation of that harm.

Precaution is now an established principle of environmental governance, prominent in law, policy and management instruments at international, regional and domestic level, across such diverse areas as pollution, toxic chemicals, food and phytosanitary standards, fisheries management, species introductions and wildlife trade. I also like this quote from the above website (1): “In the hands of individual consumers who use it to make wiser choices, the precautionary principle truly brings ‘power to the people.’”

Ecosexologists can provide handouts and other resources to clients, which will encourage them to make consumer and personal decisions based on precaution. Examples of actions which reflect the precautionary principle could include avoiding fragrance use for a period of time (particularly if low desire, fatigue, or headaches are a part of your own or a client’s history). Another precautionary measure would be avoidance of “jelly rubber” sex toys which contain phthalates, which are endocrine disruptors and suspected carcinogens (2).

TILT - Toxicant-induced Loss of Tolerance

TILT is a model for understanding environmental illnesses, and is described as a two-stage disease process. TILT is also a fundamental concept that should be part of every thinking person’s health strategies. Millions of people have been negatively affected by unexpected exposures to toxic chemicals. Whether you picture your own body’s toxic overload as “half full” or “half empty,” TILT tells you to be mindful of the cumulative, cascading effect of exposures, now and in the future. Here is a partial description of TILT from Dr. Claudia Miller’s website:

(1) Initiation.

An initial chemical exposure, either chronic low-level, such as a sick building, or an acute exposure such as to pesticides, causes a fundamental breakdown in natural tolerance, leading to newly-acquired intolerances.

(2) Triggering.

Subsequently, previously tolerated substances including everyday chemical exposures, foods, medications, alcoholic beverages, and caffeine trigger multi-system symptoms.

QEESI© - The Quick Environmental Exposure and Sensitivity Inventory

If you live in a neighborhood endangered by industrial pollutants or experience health problems after exposure to certain environmental toxins, this health screening tool is an excellent resource. QEESI© (4) has been peer-reviewed and is widely used. If you take the results to your doctor, it will be difficult for her/him/hir to dismiss it.

Developed by Dr. Claudia S. Miller, QEESI© helps to determine if the client is experiencing TILT, but will not reveal if chemical exposures are affecting sexual function or behavior. It’s an excellent screening tool, however, and QEESI© can be used by many types of practitioners. Screening is important for clients who live in neighborhoods endangered by industrial pollutants or who suffer occupational exposure to harmful chemicals. However, consumer toxins are also an important - and largely unrecognized - source of harmful health effects.

In addition to taking a sex history, a clinical ecosexologist should use QEESI© on a routine basis, as part of regular intake procedures. If QEESI© shows potential health problems due to toxic exposure, the ecosexologist should strongly recommend a referral to an environmental physician to discover or rule out any environmental impact on sexual health.

Alternative providers such as acupuncturists. homeopaths. chiropractors. osteopaths. etc. can also be very helpful

with treatment for various environmental illnesses. Ecosexologists should have an updated a referral list of environmental physicians and other knowledgeable providers.

Earth Friendly Sex Toys, Condoms and Lube

Seek out sex toys which are phthalate-free and made of less reactive materials, such as glass, stainless steel, and silicone. These toys, as well as those made of wood, should have a less polluting effect on your body as well as the environment. Lubes with flavors and fragrances are probably more toxic, irritating and polluting than lubricant which does not contain these ingredients. Good Vibrations provides least toxic options in their Ecorotic® Green Sex Toys line (5). Sir Richard's Condom Company (6) produces a casein-free, latex condom suitable for vegans and donates one condom "to a country in need" for every condom purchased. This is definitely the ecosexual impulse at its best! Ecosexologists should recommend such products and provide clients with a resource list of distributors and manufacturers.

Earth-Centered Energetic Practices

Many people complain of lack of energy and libido, or feel disconnected with self or partner(s). But many Tantric, Taoist, and similar traditions offer practices which consist of drawing "energy" up from the earth. These practices are inherently ecosexological as they depend on sensing and working directly with the planet. You can seek out these practices yourself, read books, investigate websites, attend workshops, and best of all, practice these techniques with partners. Exercises and practices which enhance body awareness and feelings of healthy embodiment also tend to make people feel "connected" in a more expansive way. Also, do not overlook recommending direct contact with nature - outdoor settings and fresh air have an invigorating effect.

A savvy ecosexologist can seek out the best and simplest of these practices, which often combine breath work, visualization and other meditative techniques, and teach them to their clients. These practices can be included in an expanded repertoire of sensate focus and other homeplay exercises given to individuals, couples or multiples seeking to enhance pleasure and sexual energy.

Incorporating Multi-Cultural Counseling Guidelines in Clinical Ecosexology

This last is a specific tip for professionals. Cultural beliefs and traditions are part of the human ecosystem! It is important to recognize that some clients may have a history of involvement with traditions which either support or dismiss erotic interconnection with the earth and its energies. Therefore it is important for any helping professional to be sensitive to this, and to make recommendations in a context which will be respectful of clients and their belief systems and cultures.

The Association for Multicultural Counseling and Development (a branch of the American Counseling Association) has a guideline of multi-cultural counseling competencies which can be used by many practitioners, including clinical ecosexologists (7).

If someone has not already produced a broad multicultural survey of erotic earth-centered customs, it is probably time to do so. Such a book would be an invaluable resource to consult in this context. If any reader knows of such a book, please let me know!

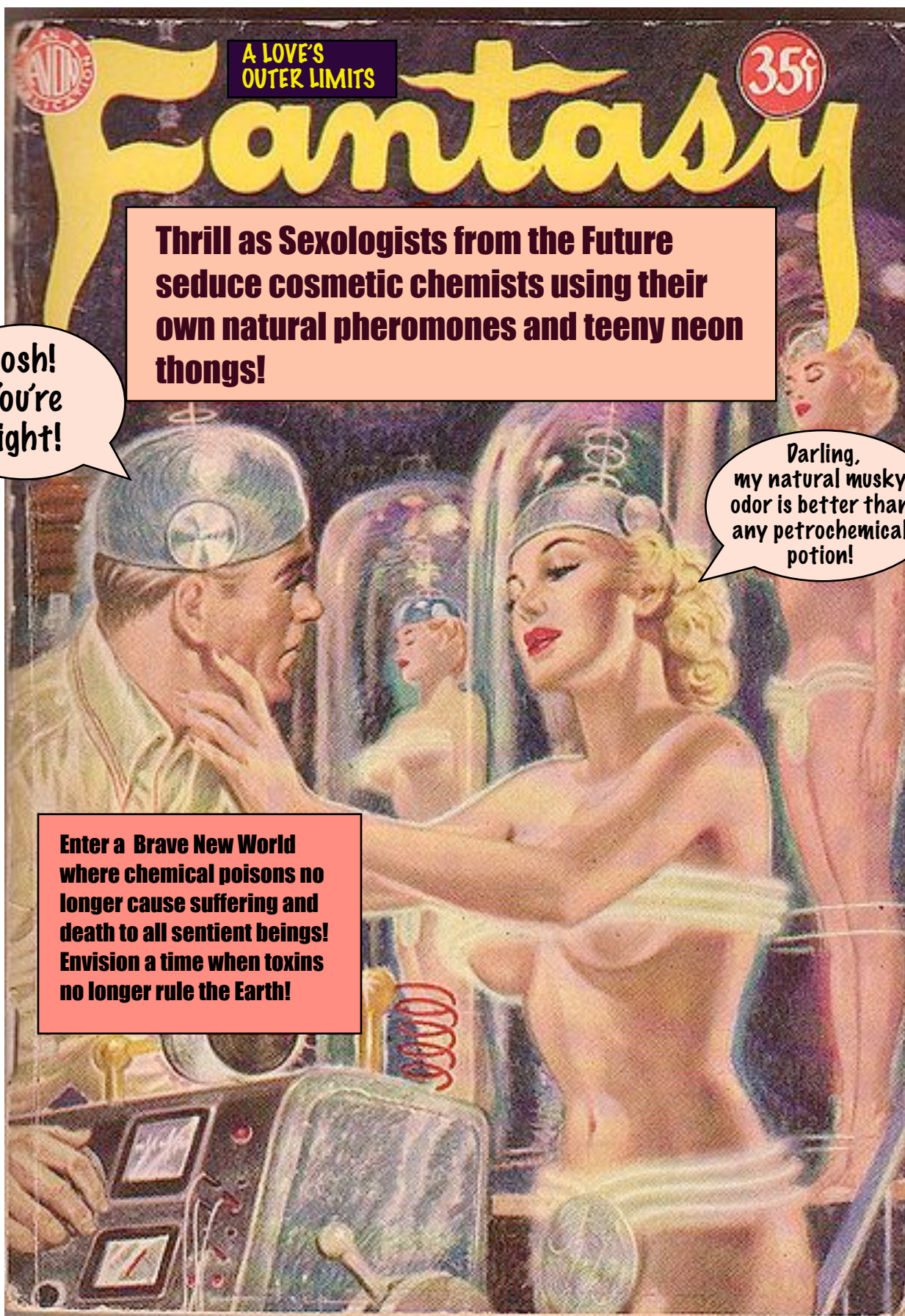
Breathe the Breath, Walk the Walk, Dance the Dance

Finally, the best way to become an ecosexual or an ecosexologist is to experience your own erotic connection with the earth. Take every opportunity to practice awareness of the earth and its energies. Start finding opportunities for daily practices and creative expression of this "new paradigm" and notice how these enhance your own feelings of embodiment, desire, and sexual health. Bold new paradigms, intellectual concepts, and clinical guidelines are excellent things, but unless you dive into direct experience yourself, you will not be convincing when you attempt to introduce your lovers or your clients to this expanded way of considering their own erotic nature.

Notes From "Fundamentals of Ecosexology Part Two

- (1) Precautionary Principle (http://www.pprinciple.net/the_precautionary_principle.html)
- (2) Phthalates (<http://en.wikipedia.org/wiki/Phthalate>)
- (3) Dr. Claudia Miller (<http://drclaudiamiller.com/>)
- (4) QEESI (<http://drclaudiamiller.com/qeesi/>)
- (5) Ecorotic® Green Sex Toys http://www.goodvibes.com/display_category.jhtml?id=catalog70002_cat35939&sort=weightedAverageDescend
- (6) Sir Richard's Condom Company (<http://www.sirrichards.com>)
- (7) Association for Multicultural Counseling and Development (<http://www.amcdaca.org/amcd/competencies.pdf>)

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<http://carnalnation.com/content/58492/999/fundamentals-ecosexology-part-two>*



LOVE'S OUTER LIMITS!

ROCKET SHIP X

RATED

No sex for you!
You smell like a
fresh pine forest!

Choose me,
Earth Beauty!
I have eco-
friendly lube!

**She was trapped in the
land of solvent-based
life forms!**

Books, Websites, & Works Cited

Cited books are marked with an asterisk. Other resources and websites are in the "Notes" sections.

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*Fincher, Cynthia E. *Healthy Living in a Toxic World*. Colorado Springs, CO: Pinon, 1996.

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*Molloy, Susan & Caroline Summer. *The Marin E.I. Guide*. Self-published pamphlet. 1990.

Moses, Marion. *Designer Poisons*. San Francisco: Pesticide Education Center, 1995.

*Rapp, Doris J. *Is This Your Child's World?* New York: Bantam Books. 1996.

*Vance, Judi. *Beauty to Die For*. San Diego: Promotion Publishing, 1998.

Websites - A Very Small List of Resources:

Campaign for Safe Cosmetics <http://www.safecosmetics.org/> (Has a great video!)

Chemical Injury Information Network <http://ciin.org/> (Top-notch site!)

Debra Lynn Dadd "Clean and Green" <http://www.debralynndadd.com/>

Environmental Health Network of CA <http://ehnca.org/>
EHN older site w/ links: <http://ehnca.org/www/> & Barb Wilkie's version: <http://users.lmi.net/wilworks/>

Environmental Working Group's Skin Deep Cosmetic Database: <http://www.ewg.org/skindeep/>
"Not too Pretty" report about cosmetics: <http://www.ewg.org/reports/nottoopretty>

Fragranced Products Information Network (the pioneering website by Betty Bridges, RN!):
<http://www.fpinva.org/text/index.html>

Dr. Claudia Miller (TILT & QEESI) <http://drclaudiamiller.com/>

Pesticide Action Network <http://www.panna.org/>

Dr. Doris Rapp <http://dorisrappmd.com/>

Judi Vance, "Deathtraps in the Cosmetics We Use"
<http://www.consumerhealth.org/articles/display.cfm?ID=19990303213610>

Dr. Grace Ziem <http://www.chemicalinjury.net/>

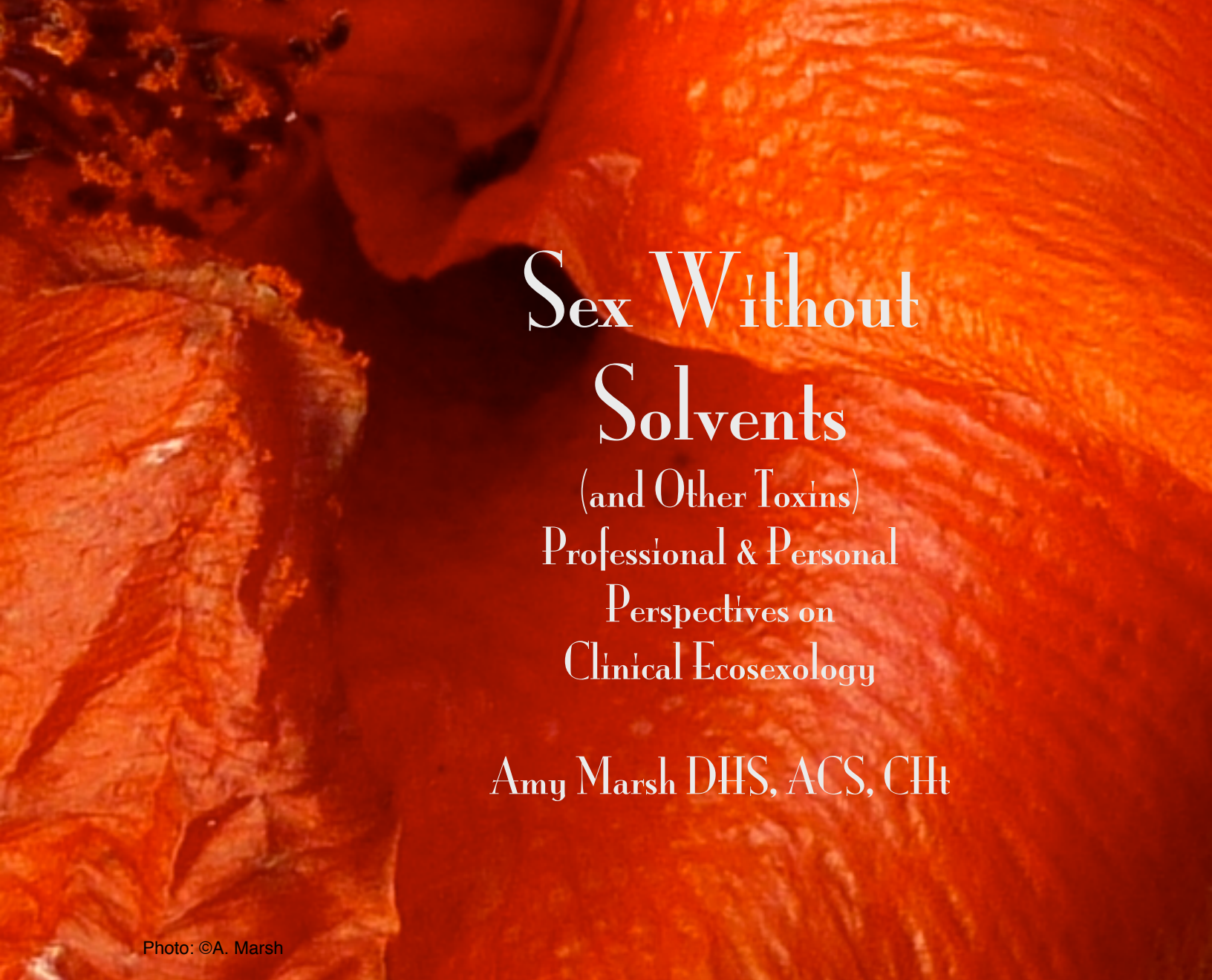
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*She is a board certified clinical sexologist
and certified hypnotherapist.*

*She is a former board member and president of the
Environmental Health Network (of CA).*

*Mahalo na akua!
Mahalo kakou na aumakua a me na kupuna.
Mahalo kakou e na kumu.
Mahalo nui e Kukauakahi. Me ke aloha pumehana!
Hele mai i ka hale!
Mahalo e Hawai'i nei!*



Sex Without Solvents

(and Other Toxins)
Professional & Personal
Perspectives on
Clinical Ecosexology

Amy Marsh DHS, ACS, CHt

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